

**THIS DECISION HAS BEEN APPEALED. THE FOLLOWING
IS THE RELATED SOAH DECISION NUMBER:**

SOAH DOCKET NO. 453-04-8288.M5

MDR Tracking Number: M5-04-2261-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 02-23-04.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. The IRO reviewed Hydrocodone, Promethazine, Alprazolam and Sonata in dispute for medical necessity. The IRO concluded that Promethazine and Alprazolam **were not** medically necessary. The IRO concluded that Hydrocodone and Sonata **were** medically necessary.

ORDER

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby **ORDERS** the respondent to pay for the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Decision is applicable for dates of service 07-10-03 through 12-22-03 in this dispute.

This Findings and Decision and Order are hereby issued this 7th day of July 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

DLH/dlh

June 28, 2004

David Martinez
TWCC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient:
TWCC #:
MDR Tracking #: M5-04-2261-01
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Specialty IRO for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

Specialty IRO has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Medical Doctor with a specialty in Orthopedic Surgery. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

___ is a 38 year old male who injured his lower back and left leg on the job on ___. His treatment included a comprehensive non-operative program, epidural injections, use of a stimulator, and eventually surgery on 7-10-1997 for a two level discectomy and fusion. With pain management, ___ was doing very well, according to Dr. T, with his regimen of medications and would require symptomatic management for the balance of his living days. On 7-25-2001 ___ was involved in a motor vehicle accident and suffered a new onset of back pain. An MRI comparison from the original injury and the MVA showed no structural changes. A medical review from DR. C on 3-01-2003 states that on-going chronic psychotropic and pain medication use after 7-25-2001 is related to the MVA and unrelated to the work related injury from ___. An RME from Dr. O on 9-11-2003 has no mention of the MVA on 7-25-2001 and states that medication use from time to time would be appropriate and medically necessary, along with occasional follow-up evaluation.

DISPUTED SERVICES

The items in dispute are the retrospective medical necessity of Hydrocodone, Promethazine, Alprazolam and Sonata.

DECISION

The reviewer disagrees with the previous adverse determination regarding the use of Hydrocodone and Sonata. However, the reviewer agrees with the previous adverse determination regarding the use of Promethazine and Alprazolam.

BASIS FOR THE DECISION

The reviewer states that long-term use of Promethazine and Alprazolam are not reasonable or medically necessary. Baseline management with episodic use of sleep aids such as Sonata and occasional narcotic use (Hydrocodone) for flare-ups of failed surgery back syndrome have been reasonable and medically necessary throughout the course of treatment. Continued use of Sonata and Hydrocodone long-term will require periodic follow-up and supervision with a pain management specialist and should only be used as a last resort if no other treatment modalities or surgery is indicated. This regimen is supported by current standard of care pain management protocols.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that there is no known conflict between the reviewer, Specialty IRO and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Sincerely,